MSSB-113 (12/17)

1.2

1.3

out in Section 3.4

Nonstandard provisions, set out in Part 8

Fill in this in	formation to identify your case:		
Debtor 1	Lee Daniel Partee		
	Full Name (First, Middle, Last)		
Debtor 2			
	Full Name (First, Middle, Last)	plan, and	his is an amended list below the of the plan that have
United States E	Bankruptcy Court for the: Southern District of Mississippi	been cha	nged.
Case number		1.3 &	8.1
(If known)			
Chapte	r 13 Plan and Motions for Valuation and I	ien Avoida	nce 12/17
Dort 1	Notices		
Part 1:	Notices		
To Debtors:	This form sets out options that may be appropriate in some cases, but the prese does not indicate that the option is appropriate in your circumstances or that it i district. Plans that do not comply with local rules and judicial rulings may not be ALL secured and priority debts must be provided for in this plan.	s permissible in your ju	dicial
	In the following notice to creditors, you must check each box that applies.		
To Creditors:	Your rights may be affected by this plan. Your claim may be reduced, modified,	or eliminated.	
	You should read this plan carefully and discuss it with your attorney if you have one in have an attorney, you may wish to consult one. $ \\$	this bankruptcy case. If y	ou do not
	If you oppose the plan's treatment of your claim or any provision of this plan, yo objection to confirmation on or before the objection deadline announced in Part Bankruptcy Case (Official Form 309I). The Bankruptcy Court may confirm this plobjection to confirmation is filed. See Bankruptcy Rule 3015.	9 of the Notice of Chap	ter 13
	The plan does not allow claims. Creditors must file a proof of claim to be paid under ar	y plan that may be confir	med.
	The following matters may be of particular importance. <i>Debtors must check one box not the plan includes each of the following items. If an item is checked as "Not checked, the provision will be ineffective if set out later in the plan.</i>		
	it on the amount of a secured claim, set out in Section 3.2, which may result in a all payment or no payment at all to the secured creditor	✓ Included	☐ Not included

Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set

✓ Not included

X Not included

Included

Included

Part 2:	Plan Payments and Length of Plan
2.1 Length o	f Plan.
	od shall be for a period of 60 months, not to be less than 36 months or less than 60 months for above median income debtor(s). If months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors his plan.
2.2 Debtor(s)	will make regular payments to the trustee as follows:
	bay \$ _2,633.00 (monthly, semi-monthly, weekly, or bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by Order directing payment shall be issued to the debtor's employer at the following address:
	Debtor to pay Trustee direct, Benefits
Joint Debtor s by the court, a	shall pay \$ (monthly,semi-monthly,weekly, orbi-weekly) to the chapter 13 trustee. Unless otherwise ordered an Order directing payment shall be issued to the joint debtor's employer at the following address:
2.3 Income ta	ax returns/refunds.
Check all	that apply .
✓ Debtor((s) will retain any exempt income tax refunds received during the plan term.
	(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over rustee all non-exempt income tax refunds received during the plan term.
_	(s) will treat income tax refunds as follows:
2.4 Additiona	al payments.
Check one	
✓ None.	If "None" is checked, the rest of § 2.4 need not be completed or reproduced.
	(s) will make additional payment(s) to the trustee from other sources, as specified below. Describe the source, estimated amount, and date a anticipated payment.
Part 3:	Treatment of Secured Claims
	es. (Except mortgages to be crammed down under 11 U.S.C. § 1322(c)(2) and identified in § 3.2 herein.) that apply.
_	If "None" is checked, the rest of § 3.1 need not be completed or reproduced.
	rincipal Residence Mortgages: All long term secured debt which is to be maintained and cured under the plan pursuant to 11 U.S.C. §
	22(b)(5) shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim by the mortgage creditor, subject to the start date for the continuing monthly mortgage payment proposed herein.

$1188 \cdot 0007994 \cdot eee \quad \text{Diktt28} \quad \text{Filterbi0080213118} \quad \text{Einternerbi0080213118} \quad 1183 \cdot 156 \cdot 1519 \quad \text{Prange-33} \cdot \text{off98}$

	1st Mtg pmts to Origin Bank				
	Beginning May 2018	@ \$ 1,300.00	Plan Direct.	Includes escrov	/ ☐ Yes ☐ No
	1 st Mtg arrears to <u>Origin Bank</u>		Through <u>Apr</u>	il 2018	\$ 5,200.00
3.1(b)	Non-Principal Residence Mortgages: All long term secured of U.S.C. § 1322(b)(5) shall be scheduled below. Absent an object of claim filed by the mortgage creditor, subject to the start date for	tion by a party in inte	erest, the plan will be	amended consis	tent with the proof
	Property 1 address:				
	Mtg pmts to				
	Beginning @ \$		☐ Plan ☐ Direct.	Includes escrov	/ ☐ Yes ☐ No
3.1(c)	Property 1: Mtg arrears to Mortgage claims to be paid in full over the plan term: Absentiate with the proof of claim filed by the mortgage creditor.				
	Creditor:		Approx. amt. due	:	Int. Rate*:
	Property Address:				
	Principal Balance to be paid with interest at the rate above: (as stated in Part 2 of the Mortgage Proof of Claim Attachment)				
	Portion of claim to be paid without interest: \$				
	(Equal to Total Debt less Principal Balance)				
	Special claim for taxes/insurance: \$		9		
	(as stated in Part 4 of the Mortgage Proof of Claim Attachment)				
	*Unless otherwise ordered by the court, the interest rate shall be	e the current Till rate	in this District.		
	Insert additional claims as needed.				

3.2 Motion for valuation of security, pay	ment of fully secured clair	ns, and modification	of undersecured cla	ims. Check one.	
None. If "None" is checked, the rest	of § 3.2 need not be comple	eted or reproduced.			
The remainder of this paragraph	will be effective only if the	applicable box in Par	rt 1 of this plan is che	ecked.	
✓ Pursuant to Bankruptcy Rule 3012, distributed to holders of secured claforth below or any value set forth in Part 9 of the Notice of Chapter 13 B. The portion of any allowed claim that the amount of a creditor's secured claim under Part 5 of this claim controls over any contrary am	ims, debtor(s) hereby move(s) the proof of claim. Any object ankruptcy Case (Official Format exceeds the amount of the laim is listed below as having plan. Unless otherwise order	s) the court to value the ction to valuation shall m 3091). secured claim will be g no value, the creditorered by the court, the a	e collateral described be filed on or before to treated as an unsecurer's allowed claim will be	below at the lesser he objection deadli ed claim under Par e treated in its enti	of any value set ne announced in t 5 of this plan. If rety as an
Name of creditor	Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*
Drivetime	19,500.00	2013 Chrysler 200	11,200.00	11,200.00	6%
Insert additional claims as needed.					
#For mobile homes and real estate i	dentified in § 3.2: Special Cla	aim for taxes/insurance	e:		
Name of credito	r	Collateral	Amount per month	Begi	nning
*Unless otherwise ordered by the co		the current Till rate in	this District.		
3.3 Secured claims excluded from 11 U. Check one.	S.C. § 506.				
✓ None. If "None" is checked, the rest	of § 3.3 need not be comple	eted or reproduced.			
The claims listed below were either: (1) incurred within 910 days before personal use of the debtor(s),	e the petition date and secur	•	ey security interest in	a motor vehicle acc	quired for the
(2) incurred within 1 year of the pe	tition date and secured by a	purchase money secu	ırity interest in any oth	er thing of value.	
These claims will be paid in full undo stated on a proof of claim filed befor absence of a contrary timely filed pr	e the filing deadline under B	ankruptcy Rule 3002(c	c) controls over any co	,	
Name of cr	editor	Colla	teral	Amount of clai	im Interest rate*
*Unless otherwise ordered by the co	urt, the interest rate shall be	the current Till rate in	this District.		

3.4 Motion	n to avoid lien pursuar	nt to 11 U.S.C. § 522.				
Check	one.					
✓ Non	e. If "None" is checked,	the rest of § 3.4 need not be	completed or reprodu	ced.		
The	remainder of this para	agraph will be effective only	if the applicable box	k in Part 1 of this pla	an is checked.	
debi clair an c here the c	tor(s) would have been on listed below will be aveloped to be a subjection on or before the by move(s) the court to extent allowed. The amount allowed.	sessory, nonpurchase money entitled under 11 U.S.C. § 522 oided to the extent that it impase objection deadline announce find the amount of the judicial bunt, if any, of the judicial lien) and Bankruptcy Rule 4003(d	2(b). Unless otherwise airs such exemptions of ed in Part 9 of the Not I lien or security intere or security interest that	ordered by the court upon entry of the orderice of Chapter 13 Bar st that is avoided will at is not avoided will be	, a judicial lien or s er confirming the pl nkruptcy Case (Off be treated as an u be paid in full as a s	ecurity interest securing a lan unless the creditor files icial Form 309I). Debtor(s) insecured claim in Part 5 to secured claim under the
	Name of creditor	Property subject to lien	Lien amount to be avoided	Secured amount remaining	Type of lien	Lien identification (county, court, judgment date, date of lien recording, county, court, book and page number)
Inse	rt additional claims as n	eeded.				
	nder of collateral.					
Check	one.					
✓ The conf	debtor(s) elect to surrer	the rest of § 3.5 need not be ander to each creditor listed bell stay under 11 U.S.C. § 362(ansecured claim resulting from	ow the collateral that be terminated as to	secures the creditor's the collateral only and	d that the stay und	er § 1301 be terminated in
		Name of creditor			Collateral	
	Capital Furniture		<u>Fui</u>	niture		
Inse	rt additional claims as n	eeded.				
Part 4:	Treatment of F	ees and Priority Claims				
		priority claims, including dome	estic support obligatio	ns other than those tr	eated in § 4.5, will	be paid in full without
4.2 Truste	ee's fees		ing the course of the course			

Trustee's fees are governed by statute and may change during the course of the case.

4.3 Attorney's fees			
✓ No look fee: \$ 3,400.00	·		
Total attorney fee charged:	\$ 3,400.00		
Attorney fee previously paid:	\$ 500.00		
Attorney fee to be paid in plan per confirmation order:	\$ 2,900.00		
Hourly fee: \$. (Subject to approval	of Fee Application.)	
4.4 Priority claims other than attorn	ney's fees and those treated in § 4.5.		
	e rest of § 4.4 need not be completed or re	eproduced.	
✓ Internal Revenue Service \$	N 00 700 00		
			
\$	<u> </u>		
4.5 Domestic support obligations.			
None. If "None" is checked, the	e rest of § 4.5 need not be completed or re	produced.	
DUE TO: DHS Hinds County			
	ATION: In the amount of \$ 455.00		
To be paid direct,	through payroll deduction, or 🗸 through t	the plan.	
			outists at all the maid
	AGE: In the total amount of \$ 455.00 unless stated otherwise:	through March 2018	which shall be paid
	through payroll deduction, or 🗸 through t	the plan	
To be paid direct,	amough payron doddodon, or 😝 umough t	ine plan.	
Insert additional claims as need	do d		
insert additional claims as need	ieu.		
Part 5: Treatment of Nor	npriority Unsecured Claims		
5.1 Nonpriority unsecured claims n	not separately classified.		
• •	aims that are not separately classified will	be paid, pro rata. If more than one option is check	ed, the option providing
✓ The sum of \$ 0.00	:		
✓ 0 % of the total amo	ount of these claims, an estimated paymer	nt of \$ 0.00	
	ursements have been made to all other cro		
* *	• • • • • • • • • • • • • • • • • • • •	unsecured claims would be paid approximately \$ (·

☐ The no	inpriority unsecured allowed clair	§ 5.2 need not be completed on ms listed below are separately		will be treated as follows	
	Name of creditor	Basis for se classification an		Approximate amount owed	Proposed treatment
- Part 6:	Executory Contracts ar	nd Unexpired Leases			
	cutory contracts and unexpired expired leases are rejected. Che		umed and wil	l be treated as specified.	All other executory contracts
	If "None" is checked, the rest of		r ranraducad		
		-	•	ee or directly by the debtor(s	s), as specified below, subject to
	ntrary court order or rule. Arrear rather than by the debtor(s).	rage payments will be disbursed	d by the truste	e. The final column include	es only payments disbursed by the
iludice	Name of creditor	Description of leased property or executory contract	Curre installm payme	ent arrearage to be	Treatment of arrearage
_			_ \$	 \$	
			Disbursed b	py:	
			☐ Trustee☐ Debtor(s		
				>)	
Insert	additional claims as needed.				
Part 7:	Vesting of Property of t	the Estate			
7.1 Property	of the estate will vest in the d	lebtor(s) upon entry of discha	ırge.		
Cont C	Nonstandard Plan Provi	lalana			
Part 8:	Nonstandard Plan Provi	ISIONS			
3.1 Check "N	None" or List Nonstandard Pla	nn Provisions			
	If "None" is checked, the rest of	•	•		ion not otherwise included in the
	or deviating from it. Nonstandard				ion not otherwise included in the
		tive only if there is a check in	the box "Inc	eluded" in § 1.3.	
Official Form	g plan provisions will be effec				
Official Form	g plan provisions will be effec				
Official Form	g plan provisions will be effec				
Official Form	g plan provisions will be effec				
Official Form	g plan provisions will be effec				

Signature(s):				
(5.17.7)				
atures of Debtor(s) and D	· · · · · · · · · · · · · · · · · · ·	If the Debter(e)	do not have an attenday, the Dahten	(a)
or(s) and attorney for the L and telephone number.	Debtor(s), it any, must sign belo	ow. If the Debtor(s)	do not have an attorney, the Debtor	(s) must provide theii
•				
/s/ Lee Daniel Partee		×		
Signature of Debtor 1			Signature of Debtor 2	
Signature of Debtor 1			g	
•	3		Executed on	
•			-	
Executed on 02/28/2018 MM / DD 124 West Elbridge W	/ YYYY		Executed on MM / DD /YYYY	
Executed on 02/28/2018 MM / DD	/ YYYY		Executed on	
Executed on 02/28/2018 MM / DD 124 West Elbridge W	/ YYYY		Executed on MM / DD /YYYY	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046	/ YYYY		Executed on MM / DD / YYYY Address Line 1 Address Line 2	
Executed on 02/28/2018 MM / DD 124 West Elbridge Will Address Line 1	/ YYYY		Executed on MM / DD / YYYY Address Line 1	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code	/ YYYY		Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046	/ YYYY	·	Executed on MM / DD / YYYY Address Line 1 Address Line 2	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code	/ YYYY		Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code Telephone Number	/YYYY /ay e	Date	Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code Telephone Number	/YYYY /ay e		Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code Telephone Number /s/ Frank H Coxwell Signature of Attorney for D 1675 Lakeland Drive	e Debtor(s)		Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code Telephone Number	e Debtor(s)		Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code Telephone Number /s/ Frank H Coxwell Signature of Attorney for D 1675 Lakeland Drive Address Line 1	e Debtor(s)		Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code Telephone Number /s/ Frank H Coxwell Signature of Attorney for D 1675 Lakeland Drive Address Line 1	e Debtor(s)	. Date	Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code Telephone Number /s/ Frank H Coxwell Signature of Attorney for D 1675 Lakeland Drive Address Line 1	Pebtor(s) #102	. Date	Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Executed on 02/28/2018 MM / DD 124 West Elbridge W. Address Line 1 Address Line 2 Canton, MS 39046 City, State, and Zip Code Telephone Number /s/ Frank H Coxwell Signature of Attorney for D 1675 Lakeland Drive Address Line 1 Address Line 2 Jackson, MS 39216	Pebtor(s) #102	. Date	Executed on MM / DD / YYYY Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	